

Healthy Texas Women Section 1115 Demonstration Waiver
Quarterly Monitoring Report
April 1, 2020 through June 30, 2020

Purpose and Scope of Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Each annual monitoring report must include:

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget Neutrality
- H. Demonstration Evaluation activities and interim findings

A. Executive Summary

- 1. Synopsis of the information contained in the report

According to the Special Terms and Conditions (STCs) of the Demonstration, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 1 and Calendar Year (CY) 2020 from April 1, 2020 through June 30, 2020. This report provides the quarterly reporting requirements for the Healthy Texas Women (HTW) program, as required by 42 CFR § 431.420. The STCs require the State to report on various topics including enrollment, operations and policy, utilization monitoring, program outreach and education, program integrity, grievances and appeals, annual post award public forum, budget neutrality, and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

- 2. Program Updates, Current Trends or Significant Program Changes
 - a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.

System and Automation Modifications

HHSC is continuing to develop the system requirements for the modifications needed to align

HTW eligibility with Section 1943 of the Social Security Act. It is anticipated that the automation changes will start in September 2020, with a completion date of March 2021.

Reasonable Opportunity

The reasonable opportunity policy for HTW was incorporated into the Texas Works Handbook on July 1, 2020.

Federal Poverty Level Income Threshold

CMS approved HHSC’s proposed equivalent Modified Adjusted Gross Income (MAGI) standard.

COVID-19 Response

In response to the COVID-19 public health emergency, on July 15, 2020, HHSC submitted a request to add COVID-19 testing to the Waiver, with a requested effective date of February 4, 2020.

Benefits

Certain evaluation and management services corresponding with office visits and psychiatric diagnostic codes have been extended as benefits available for telemedicine, telehealth, and telephone (audio-only) delivery through October 31, 2020. These changes were made in response to the COVID-19 pandemic.

- b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

Enrollment in HTW has increased from the last quarter because of the federal requirement to sustain Medicaid eligibility until the last day of the month when the COVID-19 public health emergency period ends. From March 2020 to June 2020, HTW enrollment has increased 11.7 percent.

- c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

HHSC has not identified any audits, investigations, or lawsuits that impact the demonstration.

3. Policy Issues and Challenges

- a. Narrative of any operational challenges or issues the state has experienced.

The key challenge in Quarter 2 (Q2) continues to be the COVID-19 global pandemic. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only), aligning with service delivery options available in the Medicaid State Plan for these same services.

- b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and

potential demonstration amendments.

HHSC, as directed by Federal House Resolution (H.R.) 6201 (2020), is sustaining clients’ HTW eligibility until the last day of the month when the COVID-19 public health emergency period ends. Additionally, clients enrolled in Medicaid for Pregnant Women will have their Medicaid sustained and will not be auto enrolled into HTW until the conclusion of the COVID-19 public health emergency.

- c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

HHSC has not identified policy, administrative, or budget issues.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter

	Number of Female Enrollees by Quarter				
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment*
Quarter 1	N/A	Not Available	Not Available	Not Available	Not Available
Quarter 2	N/A	Not Available	Not Available	Not Available	Not Available
Quarter 3					
Quarter 4					

*Total column is calculated by summing columns 2-5.

Table 2 data for Q2 will be provided with the Q4 Quarterly Monitoring Report. Determining enrollees’ ages and duplicate months of enrollment requires client-identifying details that are not

available until the seventh month following the end of each quarter. For example, Q1 data (February – March) will be available in October, at which point it will be provided with the Q3 (July – September) Quarterly Monitoring Report. Future reporting of unduplicated enrollment will continue with a two-quarter lag.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1		8,432	69,851	33	78,316	
Quarter 2		6,121	53,985	74	60,180	
Quarter 3						
Quarter 4						
Total Unduplicated**		11,268	95,281	106	106,184	

*Total column is calculated by summing columns 2-5.

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Table 3 data: HTW clients served in Calendar Year (CY) 2020 year to date by quarter and age group include: medical claims from January through June 2020 and pharmacy claims from January through May 2020. Each client is counted only in one age group. If a client changed age groups in the quarter, only the first age is counted. At this time, CY 2020 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated. HHSC considers claims data to be complete eight months after the date of service.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives					
		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Long-acting	Numerator	N/A	N/A	N/A	N/A	N/A

reversible contraceptive (LARC)*	Denominator	N/A	N/A	N/A	N/A	N/A
	Numerator	N/A	N/A	N/A	N/A	N/A
Total	Denominator	N/A	N/A	N/A	N/A	N/A
	Numerator	N/A	N/A	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

HHSC will provide data in a future quarter following the end of the Demonstration Year for all metrics requiring reporting based on Demonstration Year.

Table 5: Number Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	N/A	N/A	N/A	N/A

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64

who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 7: Breast Cancer Screening

Screening Activity	Numerator*	Denominator*
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

C. Program Outreach and Education

1. General Outreach and Awareness
 - a. Provide information on the public outreach and education activities conducted this demonstration year.

HHSC continues to direct clients and providers to the HTW website, www.healthytexaswomen.org, for the most up-to-date and helpful information about the program. HHSC spent the majority of Q2 planning to update the HTW website on 7/1/2020. These updates include updating the website content management platform, and updating the search functionality on the find-a-doctor feature of the website. After July, users will be able to search by specific provider, a function not previously available.

Social Media: Social media posts related to HTW and women’s health included eight Facebook posts, three Instagram posts, and four Twitter posts.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

HHSC received 11 complaints related to HTW through the Office of the Ombudsman. Below is a breakdown of the complaints.

- 6 – Prescription Issues
- 1 – Staff Behavior
- 1 – Case Information Error
- 1 – Denied full Medicaid, only qualified for HTW
- 1 – Erroneous application denial
- 1 – Unable to locate a doctor to set up an appointment

All complaints were addressed and resolved. The erroneous application denial was substantiated. Texas Medicaid and Healthcare Partnership (TMHP) received one complaint from a provider related to the provider attestation process; this complaint was resolved.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR 431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

The first annual post award forum was held on July 16, 2020 via webinar. Public comment received included questions regarding future funding, continuity of care, eligibility, and application processes. Other comments included inquiries about obtaining a copy of the webinar slide presentation as well as future opportunities for provider engagement and training. HHSC is developing responses to each public comment and will provide each commenter with a response.

G. Budget Neutrality

1. Please complete the budget neutrality workbook.

The quarterly budget neutrality workbook will be uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) on August 29, 2020, per STCs 29 and 45.

2. Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.

Based on current HTW Q2 data, the risk to budget neutrality is very low. Variances will be more accurately identified upon receipt of additional quarters as BN limits are annual calculations.

H. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. Status of progress against timelines outlined in the approved Evaluation Design.

Summary of Evaluation Activities

HHSC completed the following HTW 1115 Waiver evaluation activities during DY1 Q2:

- HHSC evaluators submitted the HTW 1115 Evaluation Design to CMS on May 19, 2020. The Evaluation Design was still under review by CMS at the end of DY1 Q2.

Progress towards Key Evaluation Milestones

The table below lists evaluation-related deliverables. There are no anticipated challenges at this time.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	5/21/2020	Draft Submitted on 5/19/2020	<i>No issues</i>
Procurement of Independent External Evaluator	TBD	Expected date of procurement will be provided in Final Evaluation Design	<i>No issues anticipated at this time</i>
Interim Evaluation Report	12/31/2023 <i>(or upon application for renewal)</i>		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

2. Any challenges encountered and how they are being addressed.

There are no anticipated challenges at this time.

3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable). HHSC plans to have an update regarding the external evaluator in a future quarter.
4. Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.

Description of Evaluation Findings or Reports

Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Report is completed in 2023.